•	CLAIMS ONLY						Application Number Filling Date Applicant(s)							
	1219-60							* May be used for additional claims or amendments						
	CLAIMS	AS FILED	AME	ER FIRST NDMENT Depend	AFTER : AMENI Indep	R SECOND NDMENT		•	•					
			end indep	Depend	indep	Depend	51	Indep	Depend	Indep	Depend	Indep	Depend	
	2 3						52		i			}	 	
	4			++-		 	53						1	
	5			 - 		+	54 55							
	6						56		<u> </u>	<u> </u>				
	7 8						57						 	
	9						58							
	10					 	59 60							
	11						61		·	·				
	12						. 62							
	14	- -		 			63							
	15			 	·		64 65							
	16					1	66							
	17 18			_ `			67							
	19			 			68							
•	20			1			69 70							
	21					 	71							
	22 23						72							
	24		 -	 			73							
	25			 			74 75							
	. 26						76							
• •	27 28						77 ·							
	29			 			78					$\overline{}$		
	30			 			79 80							
	31						81				-			
	32 33						82							
	34		-	 -			83						<u> </u>	
	35					<u> </u>	84 85							
	36						86							
	37 38						87							
	39						88							
į	40						,89 90	 -		-				
ı	41						91		 -					
· .	42 43						92 ·					 -		•
	44						93							
1	45						94 95	 -						
	46						96					T		
	47.						97	 -						
- 1	48 49				\Box		. 98					 -		
. h	50		. 				99							
r	Total	- 	17				100							
L	Indep						Total Indep	l l		1		$\neg \neg$		
	Total Depend	←	1//-	→ F	-	J	Total		<i> </i>		J			
F	Total		1/0				Depend			_		4		
	Claims	1	1/2		. 1	. [Total Claims	. 1		- 1				